

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTC-876)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3		1		1
4		1		1
5		1		1
6		1		1
7		1		1
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28		1		1
29		1		1
30		1		1
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36	1		1	
37				
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44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		14		
TOTAL DEP.		30		
TOTAL CLAIMS		34		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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